

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List | | [Open Items](#) | Messages [4: 0] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

Patient Dashboard

M [REDACTED], A [REDACTED]

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

Message Alert

SSN # [REDACTED] Ext. Rec#: [REDACTED] (H)

Phone [REDACTED]

DOB [REDACTED]

Age 10 yrs 7 mths Sex: Female

Chart # MCAAL0001 Pat. Due \$0.0 [Print Last STMT.](#)

History [Edit](#)

Electronic Notes

Enter Keyword

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**

Insurance Records **Current Medications** **All Rx History** **Referrals** **CDA**

Eligibility Info **Medical History** **Rx Refills** **Form Records** **Lock Users**

Advance Directives **Family History** **Rx Change Requests** **Scanned Documents** **Super Bills**

Patient Confidentiality **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

Patient Annotations **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Patient Contact**

Patient Activity History **HIPAA Disclosure** **Progress Report** **Pending Immunizations**

Incoming Referral File **Amendment** **Patient Education**

Patient Portal Information

Billing Note

Cases and Visits [New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
10/29/2013 0:00 AM-0:15 AM TUE		AUTO		

Patient's Recent and Upcoming Health Alerts [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

Patient's Future Appointments [Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

Charts & Reports: [Growth Charts](#)

[Delete Patient](#)

[HELP](#) Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

Copyright © 2018 OmniMD. All Rights Reserved. OmniMD™ is a trademark of ISM, Inc.



GOVERNMENT
EXHIBIT
611
4:18-CR-368

Patient Name A [redacted] M [redacted]		DOB [redacted]	Rep #
Home Phone		Cell Phone [redacted]	Insurance Information
Address [redacted]		Provider BCBS	Bin #
City Sunnyvale	State TX	Zip 95182	Group #
Allergies	Diagnosis	Member ID #	SS # [redacted]

Colleen Kennedy, MD

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature
[Signature]Date
10/29/13

☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
DICLOFENAC 3%, KETOPROFEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
DICLOFENAC 3%, FLURBIPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, PIROXICAM 2%,
LIDOCAINE 5%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLINE 2%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%
Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,
METRONIDAZOLE 2%, VANCOMYCIN 5%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
TRIAMCINOLONE 0.2%, ZINC OXIDE 2%, LIDOCAINE 5%, GABAPENTIN 15%, KETOPROFEN 10%,
CYANOCOBALAMINE 0.07%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

CONFIDENTIAL**KEN002207**

GX611.002

DOJ-18CR368-0118370

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages](#) [4 : 0] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

Patient Dashboard

Mcada, LauraPrincipal Provider: **Dr. Colleen Kennedy** [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

Message Alert

SSN # Ext. Rec#:

Phone (H)

DOB

Age 41 yrs Sex: Female

Pat. Due \$0.0 [Print Last](#)

STMI

Chart # MCALA0001

[History](#)[Edit](#)

Electronic Notes

Enter Keyword

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics	Allergies	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications	All Rx History	Referrals	CDA
Eligibility Info	Medical History Y	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
Patient Confidentiality	Social History	Lab/Radiology Orders	Patient Flow Sheet	Patient Ledger
Patient Annotations	Immunization	Lab/Radiology Test Results	Active Problem List	
Patient Activity History	HIPAA Disclosure	Progress Report	Pending Immunizations	Patient Contact
Incoming Referral File	Amendment	Patient Education Y		
Patient Portal Information Q				
Billing Note				

Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
05/18/2016 0:00 AM-0:15 AM WED		AUTO		
05/17/2016 0:00 AM-0:15 AM TUE		AUTO		

Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

[Delete Patient](#)[HELP](#)Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

Copyright © 2018 OmniMD. All Rights Reserved. OmniMD™ is a trademark of ISM, Inc.



Patient LAURA McADAM		DOB [REDACTED]	
Home Phone		Cell Phone	
Address [REDACTED]			
City Sunnyvale		State TX	Zip 95122
Allergies SSA		Diag.	

Insurance Info		
Carrier: Express Scripts		
Bin# 610014	PCN#	
Group # TRSACTIVE CARE 2		
Workers Comp	Yes	No X
DOI	Claim #	

General Pain / Inflammation

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Back & Radicular Pain

- ☐ **BRP-3**
- Ketamine 10%
 - Clonidine 0.2%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Lidocaine 2%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Neuropathic & Chronic Pain

- ☐ **NCP-5**
- Ketamine 10%
 - Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Lidocaine 2.5%
- ☐ **NCP-8**
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 10%
 - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-9**
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Specialty

- ☐ **SCAR**
- Fluticasone Propionate 1%
 - Levocetirizine Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ For painful scars add:
- Prilocaine 3%
 - Gabapentin 15%

- ☐ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.042%
 - Coenzyme Q10 2.4%
 - Vitamin D3 0.03%
 - Tretinoin 0.012%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mL Refills: _____)

Metabolic Supplements

- ☐ **MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS**
- Co-Q10 75mg
 - Alpha Lipic Acid 50mg
 - N Acetyl Cystine 250mg
 - Vit D3 1000 IU

- ☒ **MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS**
- Methylcobalamin 40mg
 - Pyridoxal-5-Phosphate 100mg
 - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: _____)
Refills: **PRN**

Alternative SIG: _____

Prescriber Name: **Colleen Kennedy M.D.** NPI # **1508897810**
 Lic. #: **M7325** DEA #: **BK8400068**
 Address: **1309 Ridge Rd. Ste #107 Rockwall, TX 75087**
 Phone #: **214 775 1356** Fax #: **214 613 2231**
 Signature (Note: Manual Signature Required for CS) _____ Date: **1/27/14**

Note: Ketamine is Schedule III controlled substance.

CONFIDENTIAL

KEN002209

GX611.004

DOJ_18CR368-0118372



EXPRESS SCRIPTS®



RxBin 610014

RxGrp TRSACTIVECARE2

Issuer (80840) 9151014609

Effective Date: 09/01/2010

ID No. 835648452

Name LAURA A. MCADA

	Tier 1	Tier 2	Tier 3
Retail (1st fill)	\$20	\$40	\$65
Retail (Starting with 2nd fill)	\$25	\$50	\$80
Retail-Plus Network* (60 to 90 days)	\$45	\$105	\$180
Mail (up to 90 days)	\$45	\$105	\$180

Specialty medications: \$200

Deductible (per plan year): \$200 per-individual (for brand-name drugs only)

*Retail pharmacies who choose to participate in this network are able to dispense a 60- to 90-day supply of medication. Contact Express Scripts for program details and participating pharmacies.

Members

- This card must be presented at a participating retail pharmacy when ordering prescription drugs.
- To locate a participating retail pharmacy or find out more about your mail-service prescription drug benefit, please call Member Services at 1 866 355-5999 or log in to Express-Scripts.com.
- If you are required to submit a claim for reimbursement, please use a claim form for proper processing of your claim.

Submit claim forms to:
Express Scripts
P.O. Box 14711
Lexington, KY 40512

Pharmacists




Submit claims via the TelePAID® System only for the person for whom the prescription was written. Dispense preferred brand-name and generic drug products where applicable in accordance with prevailing pharmacy laws and regulations. For more information, contact the Pharmacy Services Help Desk at 1 800 922-1557 or visit the Pharmacist Resource Center at Express-Scripts.com/rph.

CONFIDENTIAL

KEN002210

GX611.005

DOJ_18CR368-0118373

			
Subscriber Name: LAURA A. MCADA Identification Number: ISD835648452		Plan: ActiveCare 2	
Group Number:	085000	Primary Care	\$30
Coverage Date:	09/01/11	Specialist Care	\$50
Network Number:	PTROA	Emergency Room	\$150
ER copay in addition to 20% after deductible			
			

www.bcbstx.com/trs



Network coverage is available through participating network providers. Non-network services will be covered at a lower level. Some services must be preauthorized, including mental health (MH) and chemical dependency (CD). Refer to your online benefits booklet for additional information. File claims with your local Blue Cross and/or Blue Shield Plan.

Customer Service	1-866-355-5999
Blue Card Access	1-800-810-2583
Preauth-Medical	1-800-441-9188
Preauth-MH/CD	1-800-528-7284
Special Beginnings	1-888-421-7761
Condition Mgmt.	1-800-462-3275
24/7 Nurseline	1-800-581-0368

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

CONFIDENTIAL

KEN002211

GX611.006

DOJ_18CR368-0118374

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages](#) [4 : 0] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

Patient Dashboard

Mcada, Max SSN # [REDACTED] Ext. Rec#: (H) Phone [REDACTED] DOB [REDACTED] Age 14 yrs 5 mths Sex: Male Pat. Due \$0.0 Print Last STMT. Chart # MCAMA0001		Principal Provider: Dr. Colleen Kennedy Health Record Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	History Edit	Electronic Notes <input type="text" value="Enter Keyword"/> Q 1
---	--	---	---	--

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics	Allergies	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications	All Rx History	Referrals	CDA
Eligibility Info	Medical History ▾	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
Patient Confidentiality	Social History	Lab/Radiology Orders	Patient Flow Sheet	Patient Ledger
Patient Annotations	Immunization	Lab/Radiology Test Results	Active Problem List	Patient Contact
Patient Activity History	HIPAA Disclosure	Progress Report	Pending Immunizations	
Incoming Referral File	Amendment	Patient Education ▾		
Patient Portal Information Q				
Billing Note				

Cases and Visits

Date of Service	Chief Complaint	Attending Provider	Progress	New Case/Visit	Action
10/29/2013 0:00 AM-0:15 AM TUE		AUTO	1	New Case/Visit	

Patient's Recent and Upcoming Health Alerts

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

Patient's Future Appointments

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

Charts & Reports: [Growth Charts](#)[Delete Patient](#)[HELP](#)Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)Copyright © 2018 OmniMD. All Rights Reserved. OmniMD™ is a trademark of [ISM, Inc.](#)

Patient Name MAX MCADA		DOB [REDACTED]	Rep #
Home Phone		Cell Phone [REDACTED]	Insurance Information
Address [REDACTED]		Provider BCBS	
City Sunnyvale	State TX	Zip 75182	Bin #
Allergies	Diagnosis	Member ID #	SS # [REDACTED]

Colleen Kennedy, MD

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature
Date
10/29/13

☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
DICLOFENAC 3%, KETOPROFEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
DICLOFENAC 3%, FLURBIPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, PIROXICAM 2%,
LIDOCAINE 5%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLINE 2%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%
Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,
METRONIDAZOLE 2%, VANCOMYCIN 5%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
TRIAMCINOLONE 0.2%, ZINC OXIDE 2%, LIDOCAINE 5%, GABAPENTIN 15%, KETOPROFEN 10%,
CYANOCOBALAMINE 0.07%, Lipoderm™


Apply 1-2 grams to affected area 3-4 times per day.

CONFIDENTIAL**KEN002213**

GX611.008

DOJ-_18CR368-0118376

Patient Personal Record

 Mcada III, Ronnie E	Sex Male	DOB [REDACTED]	Age 17 yrs
Chart # MCARO0002	SSN # [REDACTED]	Phone [REDACTED]	(H)

First Name	Ronnie	Address1	[REDACTED]
Last Name	Mcada III	Address2	
Middle Initial	E	City	Sunnyvale
SSN		State	Texas
Suffix		Zip Code	75182
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	Do Not Call
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Never smoker	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt In
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/22/2015
		Last Modified By	Ms. Robie Hansen

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages \[4 : 0\]](#) | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

Allergies

Mcada III, Ronnie E	Sex	Male	DOB	[REDACTED]	Age	17 yrs
Chart # MCAR00002	SSN #	Phone	[REDACTED]	(H)		

Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---Food & Environmental Allergies---			Low		Active
Add					

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	---Allergies---			Low		Active
Add						

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
--- Immunization Allergies---			Low		Active
Add					

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
Add					

Allergy Review History

 Last Reviewed by, Ms. Robie Hansen
 on 10/22/2015 08:27 AM

Notes:

[Reviewed And Save](#)

Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions
	No Drug-Allergy Interactions exists

[HELP](#)
[Help Desk: 914.332.5590](#) | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

Copyright © 2018 OmniMD. All Rights Reserved. OmniMD™ is a trademark of ISM, Inc.



Visit Report - Mcada III, Ronnie E - 10/29/2013 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Mcada III, Ronnie E** Sex : Male

Chart# : MCARO0002

DOB :

Phone : (H),

Address : , Sunnyvale, Texas 75182

Ref By :

DOS : **10/29/2013 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Known Drug Allergies.

Intolerance

No Intolerance Recorded

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

Patient Name Ronnie McAdams III		DOB [REDACTED]	Rep #
Home Phone		Cell Phone [REDACTED]	Insurance Information
Address [REDACTED]		Provider BCBS	Bin #
City Sunnyvale	State TX	Zip 75182	Group #
Allergies	Diagnosis	Member ID #	SS # [REDACTED]

Colleen Kennedy, MD
 1309 Ridge Rd. Suite 109, Rockwall, TX 75087
 214-775-1356 (office) 214-613-2231 (fax)
 Lic#: M7325
 NPI#: 1508897810

Signature

Date

10/29/13

- ☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 DICLOFENAC 3%, KETOPROFEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™
 Apply 1-2 grams to affected area 3-4 times per day.
- ☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 DICLOFENAC 3%, FLURBIPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, PIROXICAM 2%,
 LIDOCAINE 5%, Lipoderm™
 Apply 1-2 grams to affected area 3-4 times per day.
- ☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLINE 2%
 Apply 1-2 grams to affected area 3-4 times per day.
- ☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%
 Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)
- ☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,
 METRONIDAZOLE 2%, VANCOMYCIN 5%, Spirawash™
 Apply 1-2 grams to affected area 3-4 times per day.
- ☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Spirawash™
 Apply 1-2 grams to affected area 3-4 times per day.
- ☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%
 Apply 1-2 grams to affected area 3-4 times per day.
- ☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn
 TRIAMCINOLONE 0.2%, ZINC OXIDE 2%, LIDOCAINE 5%, GABAPENTIN 15%, KETOPROFEN 10%,
 CYANOCOBALAMINE 0.07%, Lipoderm™
 Apply 1-2 grams to affected area 3-4 times per day.

CONFIDENTIAL

KEN002217

GX611.012

DOJ-_18CR368-0118380